



## Effectiveness of Outreach and Assistance on the Quality of Female Sex Workers' Reproductive Health Care

Christy Natalia Magdalena Hitijahubessy

Maluku Health Polytechnic, Nursing Department, Ambon Nursing Study Program

### ARTICLE INFO

#### Article history:

Received May 10, 2024

Revised May 15, 2024

Accepted May 30, 2024

#### Keywords:

Assistance;  
Female Sex Workers;  
Female Workers;  
Health Care;  
Outreach;  
Reproductive.

### ABSTRACT

Female sex workers (FSWs) are women who rent themselves out for the enjoyment of others and expect a reward or wage. PSPs are women who work daily by selling or renting their bodies, either directly, indirectly or freelance. This work certainly has an impact on their reproductive health, because this profession involves risky sexual activities. Risky sexual activity is any sexual activity that has a negative impact, such as unwanted pregnancy, abortion and sexually transmitted infections. The purpose of this study is to conduct outreach and assistance for FSWs to prevent sexually transmitted infections. The research method used design with a cross-sectional approach. Subjects in the Rainbow Foundation of Maluku Ambon assisted community. The results of this study show that outreach and assistance programs are very effective in efforts to prevent sexually transmitted infections among female sex workers.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.



### Corresponding Author:

Christy Natalia Magdalena Hitijahubessy,  
Maluku Health Polytechnic,  
Nursing Department,  
Ambon Nursing Study Program,  
Jl. Laksdya Leo Wattimena Negeri Lama Ambon  
Email. natalchristy78@gmail.com

### 1. Introduction

Female sex workers (FSWs) are a group that often receives stigma in the community. Their existence challenges family standards and sexual morality oriented towards the reproductive system. In addition, their presence is everywhere, affecting their role in society. Most societies have opinions that restrain them, persecute them, exploit them and restrict their rights as citizens. On the other hand, with the emergence of disease pandemics that have an impact on deaths, they are the first group of many countries to be targeted as vectors and are seen as dangerous to the general public. They are seen as infectious agents who are also victims without realizing it. In other words, female sex workers (FSWs) are a high-risk group of being infected, transmitted, and affected (Lia Andriyani, Arina, Asti Widiastuti 2021).

Risky sexual behavior (RSB) is any sexual behavior that can cause negative consequences or outcomes, such as unwanted pregnancies, abortions, and sexually transmitted infections (STIs). Certain stages can be in the form of holding hands, hugging, kissing, touching sensitive areas of the body, and putting the penis in the mouth (oral sex), to having sex between two people of different genders (Amalia Yunia Rahmawati 2020).

More than one million Sexually Transmitted Infections (STIs) are contracted every day. In 2020, the World Health Organization (WHO) estimated that 1 in 4 STIs caused 374 million new infections: chlamydia (129 million), gonorrhoea (82 million), syphilis (7.1 million), and trichomoniasis (156 million). It

is estimated that more than 490 million people lived with genital herpes in 2016, and an estimated 300 million women suffered from human papillomavirus infection, which is the leading cause of cervical cancer and rectal cancer among men who have sex with men. Worldwide, an estimated 296 million people suffer from chronic hepatitis B. In 2019, about 820,000 people died from hepatitis B, primarily due to cirrhosis and hepatocellular carcinoma. In women, STIs such as gonorrhoea and chlamydia are the leading causes of pelvic inflammatory disease and infertility (WHO, 2023).

Data obtained through the Indonesian Health Demographic Survey (2017) showed that the percentage of women and men at the age of first having sexual intercourse increased from 59% of the results of the Indonesian Nursing Diagnosis Standards (INDS) in 2015 to 74% in 2017, the most at the age of 18-19 in 2015 and the age of 17-18 in 2017. In addition, the number of adolescents who have sexual intercourse without marriage is < 50% of the total of 4,375 adolescent boys and girls (Amalia Yunia Rahmawati, 2020). The results of the study on 36 women sex workers, 61.1% of women sex workers did not apply safe sex behaviors, so from the results of the STI examination, 11.1% were diagnosed with condylomas, 88.8% got a positive result on the staining test, 16.6% were diagnosed with syphilis, and 27.8% received a reactive Human Immunodeficiency Virus (HIV) test result (Esty Puji Rahayu, Lailatul Khusnul Rizki, Elly Dwi Masita, Nanik Handayani, 2020).

A study showed that despite efforts to provide free female condoms, there are still barriers to condom use despite health promotion efforts by nurses. There are two barriers for women using condoms in female sex workers in Yogyakarta: lack of customer support and limited female condoms of good quality. On the other hand, female condoms can be a solution for women's empowerment if consumers do not want them to use female condoms. Therefore, an intensive approach through peer educators should be made on and on its FSWs customers. The provision of quality female condoms needs to be carried out, and increased socialization of their use (Setyani, 2019).

UNICEF reports that 30% of Indonesian girls under the age of 18 are trapped in prostitution, both conventional and online, including prostitution in Ambon City, Maluku Province. Data shows that Ambon City had 131 cases of HIV/AIDS in 2019 until June 2022. Meanwhile, Maluku Province has 156 cases of HIV/AIDS in 2022 (Rahajaan, 2023).

Based on data obtained from the Pelangi Maluku Foundation, the number of FSWs assisted by the Pelangi Maluku Foundation in the last three years is as follows: in 2021, there were 604 people, of which ten people (1.68%) were infected with HIV and 28 people (4.63%) were infected with syphilis; so there are 38 people infected with HIV and syphilis and 566 people who are not infected, in 2022 there are 1420 people, of which 13 people (0.91%) are infected with HIV and 14 people (0.98%) are infected with Syphilis; So there are 27 people infected with HIV and Syphilis and 1393 who are not infected, in 2023 until October there are 3196 people, of which 32 people (1%) are infected with HIV and 76 people (2.37%) are infected with syphilis, so 108 people are infected with HIV and Syphilis and 3088 people are not infected. The outreach and assistance program carried out by the Pelangi Maluku Foundation for FSWs in Ambon City is not only through the examination or screening process but also through the provision of free female condoms and education for treatment compliance. However, based on the results of the initial interview, 3 FSWs said that not all customers agreed to use condoms during sexual contact for reasons of discomfort, so they were forced to follow the customer's wishes.

Female sex workers (FSWs) must utilize and get health services that suit their needs without causing stress due to their work, which has an impact on their health. Suppose they refrain from or do not have contact with health care providers. In that case, they will be affected by being vulnerable or susceptible to sexually transmitted infections (STIs) and other costs as a result of the disease (Fenta, 2021).

The application of unsafe sexual behavior in at-risk groups dramatically affects the occurrence of STIs. It increases the risk of STI transmission, so it is necessary to take promotive and preventive actions carried out by health workers to prevent the broader spread of STIs by using good and appropriate communication, information, and education (Crystallography, 2020).

This research aims to analyze the effectiveness of mentoring and outreach on the quality of self-care of female sex workers. It is hoped that this research can increase the understanding of health

workers, especially nurses, in carrying out the process of mentoring and continuous health education for female sex workers in order to improve the quality of their self-care. This is important to help reduce maternal mortality due to infectious diseases (IMS) and non-infectious diseases (cancer), which are the main causes of death among women today.

## 2. Research Methods

The design of this study is with a cross-sectional approach. There are independent variables, namely outreach and assistance, and bound variables, namely efforts to the quality of reproductive health care for female sex workers. The research population is all female sex workers in the communities assisted by the Pelangi Maluku Foundation with a total sampling because the population is less than 100. Data analysis carried out included univariate analysis to describe the characteristics of respondents and bivariate analysis to analyze the effectiveness of outreach and assistance on the quality of reproductive health care for female sex workers.

## 3. Results and Discussions

The results of this research are presented in the form of tables and narratives, which contain descriptions of respondents' characteristics, independent variables and dependent variables as well as the results of statistical tests that analyze the effectiveness of outreach and assistance on the quality of self-care of female sex workers as well as discussions related to the results of this research.

### Characteristics of Respondents

The characteristics of the respondents in this study include the age, education, and marital status of female sex workers, as stated in the following table:

Table 1.  
Characteristics of Respondents

Characteristic	Frequency	Percentage %
<b>Age</b>		
19-29 Years	64	68.8
30-39 Years	24	25.8
40-49 Years	5	5.4
	93	100
<b>Education</b>		
Primary Education	50	53.8
Higher Education	43	46.2
	93	100
<b>Marital Status</b>		
Unmarried	57	61.3
Married	32	34.4
Divorce / Death	4	4.3
	93	100

Based on the table above, it can be concluded that most respondents are in the 19-29 age range, have a low educational background, namely elementary to junior high school graduates, and are unmarried.

A study concluded that failure to meet the basic needs of younger women, such as their homes, jobs, access to education, and well-being, often drives them to become sex workers. In addition, an environment full of risks and vulnerabilities also influences their decision to work as sex invaders. Situations like this are the trigger factor for a person to be involved in work as a sex worker regardless of age, so it has an impact on increasing reproductive health problems at an early age, such as unhealthy pregnancies that lead to abortions, the transmission of sexually transmitted infections also increases as a result of their lack of understanding in caring for their reproductive health.

In addition, women who do not have professional/vocational qualifications were found to be better and also affected by the behavior of female sex workers when compared to those who had good

educational qualifications. However, the level of education was not found to have a significant influence on the behavior of female sex workers. However, socio-economic status and education level were found to contribute significantly to influencing the behavior of female sex workers. This is in line with research conducted by Phrasisombath, K et al. I (2012) in Laos that Female Sex Workers (FSWs) are vulnerable to socio-economic and health problems, including Sexually Transmitted Infections such as Gonorrhea, Syphilis and HIV, unwanted pregnancies that have an impact on unsafe abortions, its complications, stigma, violence, and drug addiction. Efforts need to be made to reduce these risks; female sex workers need to improve their understanding of the social and cultural contexts in which they live and work.

### Assistance and Outreach

The outreach and assistance process analyzed in this study is carried out by the Pelangi Maluku Foundation (PMF) in the Ambon City area. In the implementation of this research, we analyzed the outreach and assistance process carried out for the FSWs community, which PMF has never reached from January to April 2024. The results are shown in the following table:

Table 2.  
Outreach And Mentoring Results

	Frequency	Percentage (%)
Outreach		
Outreach by PMF	58	62.4
No Outreach	35	37.6
	93	100
Assistance		
No Assistance	31	33.3
Conducted 1 Assistance	46	49.5
Conducted > 1 Time of Assistance	16	17.2
	93	100

Outreach is an act of finding and gathering women who work as sex invaders to be bidding, screening, and accompanying them for their self-care so that their health, especially reproductive health, is maintained. This process requires skilled and committed personnel to perform this task continuously. Low outreach status is a challenge in the assistance process, which has an impact on the uneven dissemination of information, and some female sex workers do not provide proper reproductive health care (Kali & Malka, 2023).

Outreach is better done by people who have been involved as female sex workers and have experienced the impact of the work and decided to help others who are going through the same thing to take good care of their reproductive health. The peer group approach is very influential in changing the behavior of female sex workers. This is in line with research conducted by Krishnamurthy et al. (2016) that continuous peer-to-peer outreach can help improve the decision-making of female sex workers to seek further information about health services and consult about their reproductive health care (Shareck et al., 2024).

The outreach process, carried out continuously and appropriately, must be continued through assistance. Health workers, social workers concerned about women's health, and women who experience the direct impact of this work, especially reproductive health problems, carry out assistance. An evidence-based approach shows that an assistance process based on collaboration with clear goals affects success in building the confidence of female sex workers to take care of themselves with regular community support.

### FSWs Reproductive Health Care

Reproductive health care in this study analyzes the behavior of FSWs to take care of their reproductive organs to reduce the incidence of sexually transmitted infections. The FSW's self-care is contained in the following table:

Table 3.  
FSW's Self-Care Is Contained Results

FSWs Reproductive Health Care	Frequency	Percentage (%)
Not enough	51	54.8
Good	42	45.2
	93	100

The test results showed that most of the female sex workers reached by the Pelangi Maluku Foundation had poor concern for taking care of their reproductive health (54.8%). This result will undoubtedly have an impact on increasing reproductive health disorders for those who are still productive, even though they choose the same rights as other individuals in obtaining their reproductive rights.

This condition is, by research published by Shapiro (2021), that all humans have the right to reproductive health services and their rights, including female sex workers. However, in reality, female sex workers still experience a significant gap in obtaining these rights. The lack of fulfilment of the need for proper reproductive health services has an impact on the lack of attention of female sex workers to carry out self-care, especially proper reproductive health care, which results in them experiencing complex reproductive health problems.

Female sex workers recognize the value of self-care, especially reproductive health, based on the information received according to their level of understanding. This situation should be supported by special attention in the assistance process for FSWs by health facilities and social institutions that care about reproductive health for at-risk communities, including female sex workers. A study published by Shareck et al. (2024) exploring the inhibiting factors in conveying information to this community using a structured interview method of six outreach and ten female sex workers shows that this outreach and assistance approach to the community will be challenging to implement without an adequate relationship of mutual trust between outreach and clients. Clients will be open and willing to receive information and take good care of themselves, depending on how the companion can maintain the trust given by the client about their work. In response to this condition, essential steps to ensure that access to appropriate reproductive health care can be provided relatively for female sex workers include addressing stigma and discrimination in health services, eliminating coercive reproductive health policies and practices, and dedicating appropriate resources to improve reproductive health care for female sex workers.

#### Outreach and Assistance to Female Sex Workers (FSWs) Reproductive Health Care

In this section, the researcher conducted a statistical analysis to assess the effectiveness of outreach and assistance carried out by the Pelangi Maluku Foundation on FSWs reproductive health care, as stated in the following table:

Table 4.  
Outreach And Mentoring Effectiveness Results

Independent Variables	FSWs Reproductive Health Care Variables				P Value
	Not Enough		Good		
	n	%	n	%	
Outreach					
Outreach Conducted	22	37.9	36	62.1	0.005
No Outreach	20	57.1	15	42.9	
Assistance					
No Assistance	18	58.1	13	41.9	0.001
Assistance 1 Time	23	50	23	50	
Assistance > 1 Time	1	6.3	15	93.8	

The above analysis results show that FSWs that PMF does not reach affects poor self-care behavior by 51.1%, while FSWs reached by PMF show poor self-care by only 37.9%. The results of the bivariate analysis showed that FSW outreach by PMF was effective in improving the reproductive health care of FSWs ( $p$ -value = 0.05). Not reached FSWs are also more likely to have poor reproductive health care (95% Confidence Interval). FSWs who received the assistance process only one time had poor reproductive health care behavior by 50%. On the other hand, of FSWs who received assistance more than one time, only 6.3% had poor reproductive health care behavior. 93.8% of FSWs who received reasonable assistance from the Pelangi Maluku Foundation influenced good reproductive health care behavior ( $P$ -value = 0.01). This analysis showed that good outreach and assistance effectively improved reproductive health care for FSWs with a confidence level (95% Confidence Interval).

Female sex workers (FSWs) have a low level of utilization of health services, which has an impact on health disparities that continue to occur. According to Tomko et al. (2021), to understand access to health services for female sex workers, it is necessary to analyze them in four categories, namely: no use of health services/barriers to obtaining services, no use/no barriers to health services, use of health services but obtaining barriers and the use of health services without barriers. The results of this study found that most female sex workers do not get health services compared to health services without barriers. It is said that this condition occurs due to the stigma and discrimination that is still high from health workers against women sex workers.

In addition, access to health services for commercial sex workers in the United Kingdom (UK) is also found to vary but is largely inadequate regarding primary services and mental health provisions. Fifty professionals, mainly from the UK, responded. Potter et al. (2021) in their research found that most health services are not accessible to commercial sex workers; neither sexual, drug, and alcohol health services nor homeless health services have been able to meet their needs better. This condition is mainly due to the lack of flexible services and collaboration with organizations that work with FSWs, supported by inadequate resource availability and inappropriate communication practices that impact FSWs' distrust of service providers.

In carrying out good practices during the provision of outreach and assistance services for FSWs, it is essential to establish good cooperation between agencies with the support of appropriate resources, peer involvement in service development and engagement, a wide range of health provisions including outreach, community presence and quick access to public services as well as the sensitivity of service providers to trauma, Creating a friendly environment and fostering relationships of mutual trust need to be improved to increase understanding, openness and willingness to take care of the health of FSWs better.

#### 4. Conclusion

This study was conducted on 93 female sex workers (FSWs) reached by the Pelangi Maluku Foundation around the Ambon City area with an average age of 19-29 years and a low educational background. The assistance process was carried out variously; most received one assistance with poor reproductive health care, 54.8%. The results of statistical tests show that good outreach and assistance and more than one sting are effective in improving reproductive health care for female sex workers.

It is hoped that this research will have implications for nurse education practices to improve self-care for female sex workers. The limitation of this research is that it is still limited to female sex workers assisted by one community institution and cannot reach all sex workers in the Ambon City area.

#### Referensi

- Amalia Yunia Rahmawati. 2020. "Faktor-Faktor Yang Berhubungan Dengan Perilaku Seksual Berisiko Pada Remaja Di Sma N 6 Kota Metro," no. July: 1-23.
- Ariesto Vendredy Avrille Siahaya. (2023). "Data Primer Yayasan Pelangi Maluku". Ambon
- Crystallography, X-ray Diffraction. 2020. "Asuhan Keperawatan Komunitas Pendidikan Kesehatan Menggunakan Metode Peer Education Terhadap Peingkatan Pengetahuan Dan Sikap Perilaku Seksual Berisiko Pada Himpunan Mahasiswa Mentawai Tahun 2020," 1-23.

- Esty Puji Rahayu, Lailatul Khusnul Rizki, Elly Dwi Masita, Nanik Handayani, Rizki Amali. 2020. "Application of Safe Sex Behaviour in Female Sex Worker and Sexual Transmitted Infec." *International Journal of Psychosocial Rehabilitation*, 24, no. 09: 947–52.
- Fenta, Abie Assres. 2021. "AN ASSESSMENT ON THE PERCEPTION OF COMMUNITY TOWARD THE PRACTICE OF COMMERCIAL SEX WORK AND ITS IMPLICATION ON THE HEALTH CARE OF PROSTITUTES IN GONDAR TOWN." *European Journal of Humanities and Educational Advancements (EJHEA)* 2, no. 1: 71–80
- Footer, K. H. A., White, R. H., Park, J. N., Decker, M. R., Lutnick, A., & Sherman, S. G. (2020). Entry to Sex Trade and Long-Term Vulnerabilities of Female Sex Workers Who Enter the Sex Trade Before the Age of Eighteen. *Journal of urban health : bulletin of the New York Academy of Medicine*, 97(3), 406–417. <https://doi.org/10.1007/s11524-019-00410-z>
- Kali, D. A., & Malka, M. (2023). It's Not Just Me, It's Us, Together: The Embodied of the Wounded Healer in the Role of Sex Trade Survival Mentors-A Critical Mentoring Perspective. *International journal of environmental research and public health*, 20(5), 4089. <https://doi.org/10.3390/ijerph20054089>
- Krishnamurthy, P., Hui, S. K., Shivkumar, N., Gowda, C., & Pushpalatha, R. (2016). Assessing the Impact of Peer Educator Outreach on the Likelihood and Acceleration of Clinic Utilization among Sex Workers. *PloS one*, 11(7), e0159656. <https://doi.org/10.1371/journal.pone.0159656>
- Lia Andriyani1, Arina1, Asti Widiastuti2, Adi Nugroho3. 2021. "Challenges and Support to HIV Care and Treatment of Female Sex Workers Living with HIV in Indonesia: A Mixed Method Study." *Unnes Journal of Public Health* 10, no. 2: 169–79.
- Potter LC, Horwood J, Feder G. Access to Healthcare for Street Sex Workers in the UK: Perspectives and Best Practice Guidance from the Frontline. *Research Square*; 2021. DOI: 10.21203/rs.3.rs-810975/v1.
- Rahajaan, Jakobus Anakletus. 2023. "Analisis Yuridis Normatif Kebijakan Publik Penanggulangan Prostitusi" 4, no. 1.
- Setyani, Rizka Ayu. 2019. "No Title." *Healthy and Active Ageing*, 190–95.
- Shareck, M., Buhariwala, P., Hassan, M., Balla, E. and O'Campo, P. (2024) 'Supporting Women Exit Sex Work: A Contribution Analysis of the Exit Doors Here Integrated Care Program in Toronto, Canada', *International Journal of Integrated Care*, 24(1), p. 22. Available at: <https://doi.org/10.5334/ijic.7700>.
- Shapiro, A., Duff, P. (2021). Sexual and Reproductive Health and Rights Inequities Among Sex Workers Across the Life Course. In: Goldenberg, S.M., Morgan Thomas, R., Forbes, A., Baral, S. (eds) *Sex Work, Health, and Human Rights*. Springer, Cham. [https://doi.org/10.1007/978-3-030-64171-9\\_4](https://doi.org/10.1007/978-3-030-64171-9_4)
- Tomko, C., Glick, J. L., Nestadt, D. F., White, R. H., Allen, S. T., Park, J. N., Galai, N., & Sherman, S. G. (2021). Characterizing Health Care Access among Cisgender Female Sex Workers with Substance Use Histories in Baltimore, Maryland. *Journal of health care for the poor and underserved*, 32(3), 1584–1603. <https://doi.org/10.1353/hpu.2021.0151>
- WHO. 2023. "Infeksi Menular Seksual (IMS)." *World Health Organization*. 2023. <https://www-who-int.translate.google/news-room/fact-sheets/detail/sexually-transmitted-infections->